Statement-II

Details of Drugs Manufactured by)slers Pharma Ltd., Coimbatore

N '.mc of the drug & b .tch No.	Qa .ntity manufactured
Dextrose Injection IP, SOP 302	915
Dextrose & Sodium Chloride Injection IP, SOP 138	786
Devtiose & Sodium Chloride Injection IP, B-tch No. SOP 307	956
Dextrose Injection IP 80P 312 .	890
Sodium Chloride Injection IP 80P322	944
Sodium Chloride Injection IP, B.NO.80P327 ...	959
Sodium Chloride and Dextrose Ini. 80P459 ...	973
So Hum 1 -ct .to Injection B. No. SOP229	874
li-^yte M Injection Batch No. SOP287	901
E-Lyte M Injection Br.tch No. SOP 176 . . .	905
E-Lyte P Injection Bitch No. <0P258	884
E-Lyte P Injection B:Uch No. 80P266	894
Sodium Chloride & Dextrose Injection B itch No. 80? 163	631

Screening of Blood Donors for AIDS

*89. SHRl ASHOK NATH VERMA:
DR. (SHRIMATI) SAROJINI MAHISHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) wehther Government's attention has been drawn to the news item which appeared in the *Indian Express* of 31st January, 1989 under the heading "Need to Screen blood donors for AIDS";

(b) if so, whether it i_s a fact that it is not obligatory in India to screen the blood donors for AIDS antibodies;

(cj whether it is a fact that such screening is mandatory in the U.K., the U.S.A.;

(d) whether it i_s also a fact hat number of $person_s$ died due to non-screening of the blood donors; and

(e) what are the $reason_s$ for no action in this regard by his ministry?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) to (e) The Government has seen the news item which appeared in *Indian Express* dated 31st January, 1989.

On the 6fh May, 1986, administrative instructions were issued by Drug Controller of India to all the State Drug Controllers ^{tna}t the Blood Banks should comply with the requirement of accepting blood from professional donors only on production of a certificate regarding absence of HIV Infection. Thereafter, on 14th February _ 1989, detailed guidelines have been issued by DGHS to all State Drug Controllers regarding screening of all units of blood received in biood banks in cities where surveillance centres have been established by ICMR.

Screening of all blood units for HIV antibodies is mandatory in UK and USA.

So far three Indian Nationals have succumbed to AIDS disease as a result of infection through blopd and blood products. |One person had contracted the ; infection through blood transfusion during coronary by-pas_s surgery in USA and the second person contracted this infection as a result of Factor VIII infusion in USA. The third person contracted the infection following emergency blood transfusion in India and subsequently died of AIDS.

In India, there are 739 blood banks and the quantum of blood collected is estimated at 1.5 million units per annum. From October, 1985 onwards the Indian Council of Medical Research in collaboration with the State Governments has established 40 surveillance centres where facilities for testing of blood for HIV

anti-bodies are available. Ihese surveillance centres cover 30 cities including the 4 metropolitan cities. Tbe surveillance studies carried out by the 1CMR to monitor the prevalence of HIV infection amongst various groups including blood donors show that (i) upto mid 1987 none of the donors screened were seropositive; (ii) Seropositivity amongst blood donors in November, 1988 was only 1.5 per thousand; (iii) the seropositivity rate was relatively higher in metropolitan cities.

Since a large number of seropositive blood donors were found in Tamil Nadu and Maharashtra, arrangements have been made in consultation with the State Governments to establish linkages between the blood banks anj surveillance centres in Bombay and Madras where screening of blood has already started w.e.f. 16th January, 1989.

The guidelines issued by the Director General of Health Services provide for screening of blood donors in remaining 28 cities where surveillance centres have been established by ICMR.

Cancer patients

*90. SHRI MUKHTIAR SINGH MALIK; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the estimated number of Cancer patients in the country at present;

(b) whether there has been a considerable increase in the cervix Cancer patients in various States;

(c) if so, the reasons thereof; and

(d) what steps are being taken to decrease and minimise the cases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) It is estimated that there are about 15 to 20 lakhs cancer patients in the country at any given time and about 5 lakh new cases occur every year.

(b) The data from Population Based Cancer Registries located in Bangalore, Bombay and Madras show a slight increase in the cervix cancer patients in Bombay I and Madras.

(c) Cervix cancer usually occurs due to lack of genital hygiene and multiple pregnancies.

(d) 74 medical colleges have Pap Smearing units under the Post Partum Programme with necessary detection facilities. 16 more medical colleges have been approved during 1988-89 for setting up of this facility.

Facilities for treatment of cancer including radio therapy an: available in 95 institution in thw country.

Enchancement of grant to Andhra Pradesh for running P.G. courses in Ayurveda

*91. SHRl PUTTAPAGA RADHAKRISHNA:
PROF. C. LAKSHMANNA;

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a proposal for enhancement of grant for running P.G. courses in Ayurveda and Unani from the Government of Andhra Pradesh is pending with the Central Government;

Co) if so, what are the details thereof; and

(c) what are the reasons for delay in clearing the proposals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE). (a) Yes, Sir.

(b) The Director of Indian Systems of Medicine and Homoeopathy Andhra Pradesh proposed in his letter dated 21-12-88 for providing additional funds to the tune of Rs. 6.36 lakhs, Rs. 9 lakhs and Rs. 23.67 lakhs for the years 1987-88, 1988-89 and 1989-90 respectively.

(c) It is not possible to provide additional funds to the State Government due to resource constraints.